

# ASBESTOS NESHAP NOTIFICATION OF DEMOLITION AND RENOVATION

OPERATOR PROJECT #		POSTMARK		DATE RECEIVED		NOTIFICATION #	
<b>I. TYPE OF NOTIFICATION ( O ) - ORIGINAL ( C ) - CANCELLED ( R ) - REVISION - WRITE REVISION )</b> <b>Revised</b>							
<b>II. FACILITY INFORMATION (IDENTIFY OWNER, REMOVAL CONTRACTOR, AND OTHER OPERATOR)</b>							
OWNER NAME: <b>CBRE/Asset Services</b>							
ADDRESS: <b>333 West 34<sup>th</sup> Street</b>							
CITY: <b>New York</b>		COUNTY: <b>Manhattan</b>		STATE: <b>NY</b>		ZIP CODE: <b>10001</b>	
CONTACT: <b>Paul Reynolds</b>						TELEPHONE: <b>212-564-3092</b>	
ASBESTOS REMOVAL CONTRACTOR: <b>Greenfields USA Corp.</b>							
ADDRESS: <b>3010 Grand Avenue</b>							
CITY: <b>Baldwin</b>				STATE: <b>NY</b>		ZIP CODE: <b>11510</b>	
CONTACT: <b>Maureen E. Herman</b>				TELEPHONE: <b>(718) 997-0555</b>		TITLE: <b>President</b>	
<b>III. TYPE OF OPERATION: ( D ) - DEMO ( O ) - ORDERED DEMO ( R ) - RENOVATION ( E ) - EMERGENCY RENOVATION):</b> <b>Renovation</b>							
<b>IV. IS ASBESTOS PRESENT? ( YES / NO )</b> <b>Yes</b>		<b>LIST TYPE OF ASBESTOS MATERIAL (S) TO BE REMOVED:</b> <b>Water Tank Mastic</b>					
<b>V. FACILITY DESCRIPTION (INCLUDE BUILDING NAME, NUMBER AND FLOOR OR ROOM NUMBER)</b> <b>256 West 38<sup>th</sup> Street, NY, NY 10018</b>							
BUILDING SIZE: <b>96,736 SF</b>		NUMBER OF FLOORS: <b>14</b>		AGE IN YEARS: <b>92</b>			
PRESENT USE: <b>Commercial</b>		PRIOR USE: <b>Commercial</b>					
<b>VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:</b> <b>N/A</b>							
<b>VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING:</b> 1. REGULATED ACM TO BE REMOVED 2. CATEGORY I ACM NOT REMOVED 3. CATEGORY II ACM NOT REMOVED		RACM TO BE REMOVED	NONFRIABLE ASBESTOS MATERIAL TO BE REMOVED		NONFRIABLE ASBESTOS MATERIAL NOT TO BE BEREMOVED		
			CAT I	CAT II	CAT I	CAT II	
PIPES: (LINEAR FEET )							
SURFACE AREA: (SQUARE FEET )		<b>600</b>	<b>600</b>				
VOL. RACM OFF FACILITY COMPONENT: (CUBIC FEET)							
<b>VIII. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) START: : COMPLETE</b>							
<b>IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) START: 9/12/2016 2016 COMPLETE 10/31/2016</b> <b>08:00 AM TO 0:400 PM WEEKDAYS WORK HOURS: AM TO PM WEEKEND WORK HOURS:</b>							

**X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:**

**XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:**

US EPA (CFR) Title 40, Part 61 (Subparts A & M (revised Subpart B) & Part 763 (subpart G); OSHA (CFR) Title 29, Part 1910 (Sections 20, 134, 145, 1001 & 1200) & Part 1926 (Section 58; NYS DOL Industrial Code Rule 56; NYS DEC Title 6, Part 364 (6NYCRR364; DOT Final Rule Regulation 49 CFR, Part 171 & 172; NYC DEP Local Law 21, 70 & 76

**XII. WASTE TRANSPORTER:**

**Cody Transport LTD.**

**ADDRESS:**

**72 Allen Blvd.**

**CITY:**

**Farmingdale**

**STATE**

**NY**

**ZIP**

**11735**

**CONTACT PERSON:**

**Louis Martinez**

**TELEPHONE:**

**(631) 694-6001**

**XIII. WASTE DISPOSAL SITE:**

**NAME:**

**Southern Alleghenies**

**LOCATION:**

**843 Miller Picking Road**

**CITY:**

**Davidsville**

**STATE:**

**PA**

**ZIP:**

**15928**

**TELEPHONE:**

**(814) 479-2483**

**XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:**

**NAME:**

**TITLE:**

**AUTHORITY:**

**DATE OF ORDER (MM/DD/YY):**

**DATE ORDERED TO BEGIN: (MM/DD/YY):**

**XV. FOR EMERGENCY RENOVATIONS:**

**a) DATE AND HOUR OF EMERGENCY: (MM/DD/YY):**

**b) DESCRIPTION OF THE SUDDEN, UNEXPECTED EVENT:**

**c) EXPLANATION OF HOW THE EVENT CAUSED UNSAFE CONDITIONS OR WOULD CAUSE EQUIPMENT DAMAGE OR AN UNREASONABLE FINANCIAL BURDEN:**

**XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER.**

**The area will be immediately isolated by installing a full containment with worker decontamination enclosure system utilizing negative pressure ventilation equipment**

**XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS (REQUIRED 1 YEAR AFTER PROMULGATION).**

  
(SIGNATURE OF OWNER/OPERATOR)

8/31/2016  
(DATE)

**XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.**

  
(SIGNATURE OF OWNER/OPERATOR)

8/31/2016  
(DATE)